

**MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/070632**

FILING DATE

APPLICANT(S)

**CLAIMS**

	BEFORE		AFTER			BEFORE		AFTER			BEFORE		AFTER	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1					51									
2					52									
3					53									
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43					93									
44					94									
45					95									
46					96									
47					97									
48					98									
49					99									
50					100									
TOTAL IND.					TOTAL IND.					TOTAL IND.				
TOTAL DEP.					TOTAL DEP.					TOTAL DEP.				
TOTAL CLAIMS					TOTAL CLAIMS					TOTAL CLAIMS				

THIS SHEET MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS